PTO/SB/31 (08-03)

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| NOTICE OF APPEAL FROM THE EXAMINER TO THE | | | Docket Number (Optional) | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------|--------------------------|--------------------|--------------|--|
| BOARD OF PATENT APPEALS AND INTERFERENCES | | | 8818.014.00-US | | | |
| | In re Application of John M. Harris | | | | | |
| RECEIVED | Application Number | | Filed | Filed | | |
| RECLIVED | 10/072,971 | | | February 12, 2002 | | |
| SEP 0 7 2004 | For METHOD AND SYSTEM OF FORECASTING UNSCHEDULED COMPONENT DEMAND | | | | | |
| GROUP 3600 | | | | | | |
| | Art Unit | Examiner | | D. Von E | B. Van Doren | |
| | | 3623 | | B. van L | Joren | |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the Examiner. | | | | | | |
| The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 330.00 | | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | | | | | |
| X A check in the amount of the fee is enclosed. | | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0911 . I have enclosed a duplicate copy of this sheet. | | | | | | |
| X A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | | | | | |
| I am the | | | | | | |
| applicant /inventor | | | Mitte | 575 | \sim | |
| assignee of record of the entire interest. | | | | | | |
| See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Matthew T. Bailey | | | | | | |
| | | | Тур | ed or printed | I name | |
| attorney or agent of record. | | | | | • | |
| Registration number | | | (2 | 202) 496-7 | 643 | |
| x attorney or agent acting under | 37 CFR 1.34(a). | _ | Te | elephone nui | mber | |
| Registration number if acting und | ler 37 CFR 1.34(a). | 33,829 | Ser | otember 1, Date | 2004 | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | |
| *Total of 1 forms ar | e submitted. | | | | | |

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